



DT14 Rec'd PCT/PTO 23 SEP 2003

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Appln. of: M. SAELAN, et al.

Appln. No.: 10/030,303

Filed: June 3, 2002

For: SELECTIVE CUTTING "ONE SHOT"

Attorney Docket No: 10541-927

Examiner: Unknown

Art Unit: 3726

Commissioner for Patents
U.S. Patent and Trademark Office
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SECOND REQUEST FOR CORRECTION OF FILING RECEIPT

Sir:

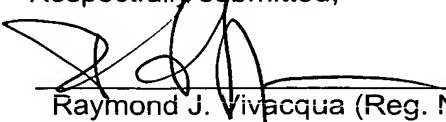
Applicants submitted a Request for Correction of Filing Receipt on July 20, 2002. To date, Applicants have not received a corrected Filing Receipt. Applicant requests the issuance of a corrected filing receipt (copy enclosed) for the above-identified patent application, and in support of this request respectfully states:

The Attorney Docket No. should be --10541-927--.

The Commissioner is hereby authorized to charge any fees required to Deposit Account No. 06-1500. A duplicate copy of this sheet is enclosed.

Respectfully submitted,

September 18, 2003
Date


Raymond J. Vivacqua (Reg. No. 45,369)
Attorney/Agent for Applicants

Attachment: Return Receipt Postcard

CERTIFICATE OF MAILING UNDER 37 C.F.R. §1.8

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Date: September 18, 2003

Name: Raymond J. Vivacqua

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APPL NO.	FILING OR 371 (c) DATE	ART UNIT	FIL FEE REC'D	ATTY. DOCKET NO	DRAWINGS	TOT CLMS	IND CLMS
10/030,303	06/03/2002	3726	870	10541- 928 927	5	17	2

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 BRINKS HOFER GILSON & LIONE
 P.O. BOX 10395
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CONFIRMATION NO. 8786

REPLACEMENT FILING RECEIPT



OC000000010892649

Date Mailed: 09/17/2003

Receipt is acknowledged of this regular Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. **If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Filing Receipt Corrections, facsimile number 703-746-9195. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the USPTO processes the reply to the Notice, the USPTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).**

Applicant(s)

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 Jean-Yves Delattre, Fournes-en-Weppes, FRANCE;
 Bernard Freycon, La-Neuville, FRANCE;

Domestic Priority data as claimed by applicant

This application is a 371 of PCT/US01/09105 03/22/2001

Foreign Applications

FRANCE 00/03667 03/22/2000

If Required, Foreign Filing License Granted: 09/17/2003

Projected Publication Date: Not Applicable

Non-Publication Request: No

Early Publication Request: No

Title

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Preliminary Class

029

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Bib Data Sheet

CONFIRMATION NO. 8786

SERIAL NUMBER 10/030,303	FILING OR 371(c) DATE 06/03/2002 RULE	CLASS 029	GROUP ART UNIT 3726	ATTORNEY DOCKET NO. 10541-927	
APPLICANTS Marc Saelen, Allennes-Les-Marais, FRANCE; Jean-Yves Delattre, Fournes-en-Weppes, FRANCE; Bernard Freycon, La-Neuville, FRANCE;					
** CONTINUING DATA ***** This application is a 371 of PCT/US01/09105 03/22/2001					
** FOREIGN APPLICATIONS ***** FRANCE 00/03667 03/22/2000					
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 09/17/2003					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged <u>Examiner's Signature</u> <u>Initials</u>		STATE OR COUNTRY FRANCE	SHEETS DRAWING 5	TOTAL CLAIMS 17	INDEPENDENT CLAIMS 2
ADDRESS 29074					
TITLE Selective cutting one shot					
FILING FEE RECEIVED 870	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		